

**COMMUNITY RIGHT TO KNOW SURVEY FOR 2003**  
**For State and Federal Community Right to Know Reporting**

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

01035800000  
MACHO CORPORATION  
ATTN: JOSEPH M. BRIGHT  
55 BLUE STREET  
ANYTOWN, NJ 07701

A Facility Location - Street, City, State, Zip and County  
**MUST BE PROVIDED**

227654324 0906  
55 BLUE STREET  
ANY TOWN, NJ 07701  
COUNTY: ANY COUNTY

Please indicate the reason for changing this information  
☐ this facility moved ☐ additional facility  
☐ correction to existing location

See instructions if information on these forms is incorrect.

<p><b>B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state:</b> Darken either yes or no box</p> <p>1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D Number of employees at facility</b>   35</p>
<p><b>C Briefly describe the current operations or business conducted at this facility:</b></p> <p>Manufacture Machine Parts</p>	<p><b>E Number of facilities in New Jersey</b>   1</p> <p><b>F Federal EIN</b>   22-7654324 <b>Please verify</b></p> <p><b>G If you are claiming an R&amp;D lab exemption for this facility, enter your approval number.</b></p>
<p><b>H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)</b> <input checked="" type="checkbox"/></p>	
<p><b>I FACILITY EMERGENCY CONTACT</b></p> <p>Name James Barnes Title Environmental Affairs Facility Phone Number ( 201 ) 555-7000 Emergency Contact Phone Number ( 201 ) 555-7500</p>	

**J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE --** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature Joseph M. Bright Date 2/16/04 Fax # (201) 555-7100  
Name Joseph M. Bright Title President Phone # (201) 555-7000

RETURNED SIGNED ORIGINAL TO:  
NJDEP  
Office of Pollution Prevention and  
Right To Know  
PO Box 405  
Trenton, NJ 08625-0405

**You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.**

01035800000

0906

MACHO CORPORATION  
55 BLUE STREET, ANYTOWN

## PART 2 2003 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2003

Please type or print legibly.

Photocopy this page if you need additional forms.

Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Cadmium Sulfide</u>	<input type="checkbox"/> Fire	Container Type <u>DP</u>
Substance Number: <u>2199</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>14</u>
CAS Number: <u>N078</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>2570</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> (Check if claiming)	Location(s) <u>Rear of Building</u>	
Name: <u>Chlorine</u>	<input type="checkbox"/> Fire	Container Type <u>CY</u>
Substance Number: <u>0367</u>	<input checked="" type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>12</u>
CAS Number: <u>7782-50-5</u>	<input checked="" type="checkbox"/> Reactive	Avg. daily inventory <u>11</u>
DOT Number: <u>1017</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>356</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>02</u>
Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> (Check if claiming)	Location(s) <u>Right front of Wall</u>	
Name: <u>Sodium Hydroxide</u>	<input type="checkbox"/> Fire	Container Type <u>BG</u>
Substance Number: <u>E312</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>17</u>
CAS Number: <u>1310-73-2</u>	<input checked="" type="checkbox"/> Reactive	Avg. daily inventory <u>16</u>
DOT Number: <u>1823</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> (Check if claiming)	Location(s) <u>Left front Wall</u>	
Name: <u>Lead</u>	<input type="checkbox"/> Fire	Container Type <u>OT(Battery)</u>
Substance Number: <u>1096</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>13</u>
CAS Number: <u>7439-92-1</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>13</u>
DOT Number: <u>--</u>	<input checked="" type="checkbox"/> Acute health effects	Days on site <u>365</u>
Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture	<input checked="" type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> (Check if claiming)	Location(s) <u>Facility Wide/Forklift</u>	
Name: <u>Samples of Reported Substance</u>	<input type="checkbox"/> Fire	Container Type <u>BG</u>
Substance Number: <u>3628</u>	<input type="checkbox"/> Sudden release of pressure	Max. daily inventory <u>09</u>
CAS Number: <u>--</u>	<input type="checkbox"/> Reactive	Avg. daily inventory <u>09</u>
DOT Number: <u>--</u>	<input type="checkbox"/> Acute health effects	Days on site <u>365</u>
Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture	<input type="checkbox"/> Chronic health effects	Storage pressure <u>01</u>
Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	<input checked="" type="checkbox"/> None per MSDS	Storage temperature <u>04</u>
Trade Secret: <input type="checkbox"/> (Check if claiming)	Location(s) <u>Q.A. Lab - 2nd Floor</u>	

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES <sup>1</sup>	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	<b>Pressure</b>
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	<b>Temperature</b>
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
BA Bag	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
BX Box	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not
CY Cylinder	12 101 to 1,000 pounds	cryogenic (freezing conditions)
BG Bottles or jugs (glass)	11 11 to 100 pounds	07 Cryogenic conditions (less than -200 C)
BP Bottles or jugs (plastic)	10 1 to 10 pounds	*Ambient means "normal," "surrounding," or "room"
BN Tote bin	09 Less than 1 pound	conditions.
TW Tank Wagon	<b>NOTE:</b> Please see pages 14 thru 17 for	
RC Railcar	gallon & cubic feet conversion factors.	
OT Other (describe)		

DEQ-094